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**Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e))

**2011**

Department of the Treasury  
Internal Revenue Service

For calendar year 2011 or other tax year beginning 04/01, 2011, and ending 03/31, 2012 **See separate instructions**

Open to Public Inspection for 501(c)(3) Organizations Only

**A**  Check box if address changed

**B Exempt under section**  
 501(c)(3)  408(e)  220(e)  408A  530(a)  529(a)

**C** Book value of all assets at end of year: 312,943,895.

**D Employer identification number** (Employees' trust, see instructions): 61-0920842

**E Unrelated business activity codes** (See instructions): SEE STMT A

**F Group exemption number** (See instructions):         

**G Check organization type**:  501(c) corporation  501(c) trust  401(a) trust  Other trust

**Print or Type**

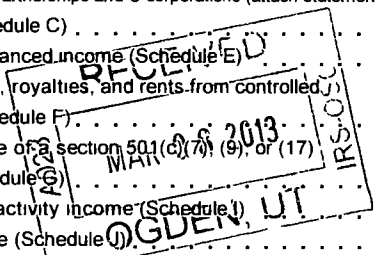
Name of organization (  Check box if name changed and see instructions )  
BOWLING GREEN WARREN COUNTY COMM HOSP  
 Number, street, and room or suite no. If a P O box, see instructions  
800 PARK STREET  
 City or town, state, and ZIP code  
BOWLING GREEN, KY 42102

**H Describe the organization's primary unrelated business activity**: ATTACHMENT 1

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation: ATTACHMENT 2

**J** The books are in care of: JAMES LARRY VAUGHN, Telephone number: 270-745-1500

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>5,057,851.</u>			
b	Less returns and allowances <u>639,411.</u>			
	<b>c Balance</b>	<b>1c</b>		
2	Cost of goods sold (Schedule A, line 7)	<b>2</b>	<u>1,236,026.</u>	
3	Gross profit Subtract line 2 from line 1c	<b>3</b>	<u>3,182,414.</u>	<u>3,182,414.</u>
4a	Capital gain net income (attach Schedule D)	<b>4a</b>		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
c	Capital loss deduction for trusts	<b>4c</b>		
5	Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
6	Rent income (Schedule C)	<b>6</b>		
7	Unrelated debt-financed income (Schedule E)	<b>7</b>		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	<b>8</b>		
9	Investment income of a section 501(c)(7)(9) or (17) organization (Schedule G)	<b>9</b>		
10	Exploited exempt activity income (Schedule I)	<b>10</b>		
11	Advertising income (Schedule J)	<b>11</b>		
12	Other income (See instructions, attach schedule)	<b>12</b>		
13	<b>Total.</b> Combine lines 3 through 12	<b>13</b>	<u>3,182,414.</u>	<u>3,182,414.</u>



**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
15	Salaries and wages	<b>15</b>	<u>594,104.</u>
16	Repairs and maintenance	<b>16</b>	
17	Bad debts	<b>17</b>	
18	Interest (attach schedule) <u>ATTACHMENT 3</u>	<b>18</b>	<u>34,657.</u>
19	Taxes and licenses	<b>19</b>	<u>43,290.</u>
20	Charitable contributions (See instructions for limitation rules)	<b>20</b>	
21	Depreciation (attach Form 4562)	<b>21</b>	<u>-205,382.</u>
22	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
		<b>22b</b>	<u>-205,382.</u>
23	Depletion	<b>23</b>	
24	Contributions to deferred compensation plans	<b>24</b>	
25	Employee benefit programs	<b>25</b>	<u>170,957.</u>
26	Excess exempt expenses (Schedule I)	<b>26</b>	
27	Excess readership costs (Schedule J)	<b>27</b>	
28	Other deductions (attach schedule) <u>ATTACHMENT 4</u>	<b>28</b>	<u>707,524.</u>
29	<b>Total deductions.</b> Add lines 14 through 28	<b>29</b>	<u>1,345,150.</u>
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	<b>30</b>	<u>1,837,264.</u>
31	Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	<u>1,837,264.</u>
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	<b>32</b>	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	<u>1,000.</u>
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.	<b>34</b>	<u>0</u>

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Part III Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 35-39 for Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, and Alternative minimum tax.

Part IV Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 40a-49 for Foreign tax credit, Other credits, General business credit, Total credits, Other taxes, Total tax, Payments, and Tax due.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions about foreign interest, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 5 columns: Line number, Description, and Amount. Includes lines 1-8 for inventory and cost of goods sold.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer, Date (02/13/2013), Title (EVP). Includes a box for May the IRS discuss this return with the preparer shown below.

Paid Preparer Use Only: Print/Type preparer's name (KIM SCIFRES), Preparer's signature (Kim Scifres CPA), Date (2-13-13), Firm's name (BKD, LLP), Firm's address (400 E. MAIN ST. STE 200 PO BOX 1196 BOWLING GREEN, KY 42102-1196), Firm's EIN (44-0160260), Phone no (270-781-0111).

BOWLING GREEN, KY 42102-1196

Form 990-T (2011)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

Table with 4 rows for property description (1-4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income.

(c) Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) . . . . . (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) >

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions.

Totals . . . . . Total dividends-received deductions included in column 8 . . . . .

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with 6 columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net unrelated income, 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income.

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7 Taxable Income, 8 Net unrelated income, 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income.

Totals . . . . . Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A)				Enter here and on page 1, Part I, line 9, column (B)
<b>Totals</b> . . . . . ▶				

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, col (A)		Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26
<b>Totals</b> . . . . . ▶						

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) . . . ▶						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II</b> (lines 1-5) . . . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			%
(2)			%
(3)			%
(4)			%
<b>Total.</b> Enter here and on page 1, Part II, line 14. . . . . ▶			

**Alternative Minimum Tax - Corporations**

**2011**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.  
▶ Attach to the corporation's tax return.

Name BOWLING GREEN WARREN COUNTY COMMUNITY HOSPITAL CORPORATION Employer identification number 61-0920842

**Note:** See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e)

<b>1</b>	Taxable income or (loss) before net operating loss deduction	<b>1</b>	1,837,264.00
<b>2</b>	<b>Adjustments and preferences:</b>		
<b>a</b>	Depreciation of post-1986 property	<b>2a</b>	
<b>b</b>	Amortization of certified pollution control facilities	<b>2b</b>	
<b>c</b>	Amortization of mining exploration and development costs	<b>2c</b>	
<b>d</b>	Amortization of circulation expenditures (personal holding companies only)	<b>2d</b>	
<b>e</b>	Adjusted gain or loss	<b>2e</b>	
<b>f</b>	Long-term contracts	<b>2f</b>	
<b>g</b>	Merchant marine capital construction funds	<b>2g</b>	
<b>h</b>	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	<b>2h</b>	
<b>i</b>	Tax shelter farm activities (personal service corporations only)	<b>2i</b>	
<b>j</b>	Passive activities (closely held corporations and personal service corporations only)	<b>2j</b>	
<b>k</b>	Loss limitations	<b>2k</b>	
<b>l</b>	Depletion	<b>2l</b>	
<b>m</b>	Tax-exempt interest income from specified private activity bonds	<b>2m</b>	
<b>n</b>	Intangible drilling costs	<b>2n</b>	
<b>o</b>	Other adjustments and preferences	<b>2o</b>	
<b>3</b>	Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 2o	<b>3</b>	1,837,264
<b>4</b>	<b>Adjusted current earnings (ACE) adjustment:</b>		
<b>a</b>	ACE from line 10 of the ACE worksheet in the instructions	<b>4a</b>	1,837,264
<b>b</b>	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	<b>4b</b>	
<b>c</b>	Multiply line 4b by 75% ( 75). Enter the result as a positive amount	<b>4c</b>	
<b>d</b>	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions) <b>Note:</b> You <b>must</b> enter an amount on line 4d (even if line 4b is positive)	<b>4d</b>	
<b>e</b>	ACE adjustment <ul style="list-style-type: none"> <li>If line 4b is zero or more, enter the amount from line 4c</li> <li>If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount</li> </ul>	<b>4e</b>	
<b>5</b>	Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT.	<b>5</b>	1,837,264
<b>6</b>	Alternative tax net operating loss deduction (see instructions)	<b>6</b>	1,653,538
<b>7</b>	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions.	<b>7</b>	183,726
<b>8</b>	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c)		
<b>a</b>	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	<b>8a</b>	
<b>b</b>	Multiply line 8a by 25% ( 25).	<b>8b</b>	
<b>c</b>	Exemption Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	<b>8c</b>	NONE
<b>9</b>	Subtract line 8c from line 7. If zero or less, enter -0-	<b>9</b>	183,726
<b>10</b>	Multiply line 9 by 20% ( 20)	<b>10</b>	36,745
<b>11</b>	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	<b>11</b>	
<b>12</b>	Tentative minimum tax Subtract line 11 from line 10.	<b>12</b>	36,745
<b>13</b>	Regular tax liability before applying all credits except the foreign tax credit	<b>13</b>	
<b>14</b>	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<b>14</b>	36,745

# Adjusted Current Earnings (ACE) Worksheet

Keep for Your Records

▶ See ACE Worksheet Instructions

<b>1</b>	Pre-adjustment AMTI Enter the amount from line 3 of Form 4626		<b>1</b>	1,837,264.00
<b>2</b>	ACE depreciation adjustment			
<b>a</b>	AMT depreciation	<b>2a</b>		
<b>b</b>	ACE depreciation			
	(1) Post-1993 property	<b>2b(1)</b>		
	(2) Post-1989, pre-1994 property	<b>2b(2)</b>		
	(3) Pre-1990 MACRS property	<b>2b(3)</b>		
	(4) Pre-1990 original ACRS property	<b>2b(4)</b>		
	(5) Property described in sections 168(f)(1) through (4)	<b>2b(5)</b>		
	(6) Other property	<b>2b(6)</b>		
	(7) Total ACE depreciation Add lines 2b(1) through 2b(6)	<b>2b(7)</b>		
<b>c</b>	ACE depreciation adjustment Subtract line 2b(7) from line 2a		<b>2c</b>	
<b>3</b>	Inclusion in ACE of items included in earnings and profits (E&P)			
<b>a</b>	Tax-exempt interest income	<b>3a</b>		
<b>b</b>	Death benefits from life insurance contracts	<b>3b</b>		
<b>c</b>	All other distributions from life insurance contracts (including surrenders)	<b>3c</b>		
<b>d</b>	Inside buildup of undistributed income in life insurance contracts	<b>3d</b>		
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	<b>3e</b>		
<b>f</b>	Total increase to ACE from inclusion in ACE of items included in E&P Add lines 3a through 3e		<b>3f</b>	
<b>4</b>	Disallowance of items not deductible from E&P			
<b>a</b>	Certain dividends received	<b>4a</b>		
<b>b</b>	Dividends paid on certain preferred stock of public utilities that are deductible under section 247	<b>4b</b>		
<b>c</b>	Dividends paid to an ESOP that are deductible under section 404(k)	<b>4c</b>		
<b>d</b>	Nonpatronage dividends that are paid and deductible under section 1382(c)	<b>4d</b>		
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	<b>4e</b>		
<b>f</b>	Total increase to ACE because of disallowance of items not deductible from E&P Add lines 4a through 4e		<b>4f</b>	
<b>5</b>	Other adjustments based on rules for figuring E&P			
<b>a</b>	Intangible drilling costs	<b>5a</b>		
<b>b</b>	Circulation expenditures	<b>5b</b>		
<b>c</b>	Organizational expenditures	<b>5c</b>		
<b>d</b>	LIFO inventory adjustments	<b>5d</b>		
<b>e</b>	Installment sales	<b>5e</b>		
<b>f</b>	Total other E&P adjustments Combine lines 5a through 5e		<b>5f</b>	
<b>6</b>	Disallowance of loss on exchange of debt pools		<b>6</b>	
<b>7</b>	Acquisition expenses of life insurance companies for qualified foreign contracts		<b>7</b>	
<b>8</b>	Depletion		<b>8</b>	
<b>9</b>	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		<b>9</b>	
<b>10</b>	<b>Adjusted current earnings.</b> Combine lines 1, 2c, 3f, 4f, and 5f through 9 Enter the result here and on line 4a of Form 4626		<b>10</b>	1,837,264.00

**BOWLING GREEN WARREN COUNTY COMMUNITY HOSPITAL CORPORATION**  
**PERIOD ENDED MARCH 31, 2012**  
**EIN: 61-0920842**  
**2011 FORM 990-T**

**NET OPERATING LOSS DEDUCTION**

<u>YEAR ENDING</u>	<u>NOL GENERATED</u>	<u>NOL USED ON 3/31/2008 RETURN</u>	<u>NOL USED ON 3/31/2009 RETURN</u>	<u>NOL USED ON 3/31/2010 RETURN</u>	<u>NOL USED ON 3/31/2011 RETURN</u>	<u>NOL USED ON 3/31/2012 RETURN</u>	<u>NOL AVAILABLE</u>
3/31/1994	291,102	96,479	152,814	41,809			-
3/31/1995	373,589			158,849	199,876	14,864	-
3/31/1996	422,365					422,365	-
3/31/1997	510,655					510,655	-
3/31/1998	478,474					478,474	-
3/31/1999	537,134					410,906	126,228
3/31/2002	69,491						69,491
3/31/2007	288,703						288,703
3/31/2008	149,554						149,554
	<u>3,121,067</u>	<u>96,479</u>	<u>152,814</u>	<u>200,658</u>	<u>199,876</u>	<u>1,837,264</u>	<u>633,976</u>



**BOWLING GREEN WARREN COUNTY COMMUNITY HOSPITAL CORPORATION**  
**PERIOD ENDED MARCH 31, 2012**  
**EIN: 61-0920842**  
**2011 FORM 990-T**

**ALTERNATIVE MINIMUM TAX NET OPERATING LOSS DEDUCTION**

<u>YEAR ENDING</u>	<u>NOL GENERATED</u>	<u>NOL USED ON 3/31/2008 RETURN</u>	<u>NOL USED ON 3/31/2009 RETURN</u>	<u>NOL USED ON 3/31/2010 RETURN</u>	<u>NOL USED ON 3/31/2011 RETURN</u>	<u>NOL USED ON 3/31/2012 RETURN</u>	<u>NOL AVAILABLE</u>
3/31/1995	373,589		137,533	180,592	55,464		-
3/31/1996	422,365				124,424	297,941	-
3/31/1997	510,655					510,655	-
3/31/1998	478,474					478,474	-
3/31/1999	537,134					368,468	170,666
3/31/2002	69,491						69,491
3/31/2007	288,703						288,703
3/31/2008	149,554						149,554
	<u>2,829,965</u>	<u>-</u>	<u>137,533</u>	<u>180,592</u>	<u>179,888</u>	<u>1,653,538</u>	<u>678,414</u>

ATTACHMENT 1

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

DURABLE MEDICAL EQUIPMENT SALES, CATERING, FOOD SERVICE, PATHOLOGY,  
AND RETAIL PHARMACY.

ATTACHMENT 2

NAME AND FEIN OF PARENT CORPORATION

COMMONWEALTH HEALTH CORPORATION, INC.  
31-1118087

ATTACHMENT 3

FORM 990T - PART II - LINE 18 - INTEREST

PART II - LINE 18 - INTEREST

34,657.

ATTACHMENT 4FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

OFFICE EXPENSE	31,705.
PROFESSIONAL FEES	136,235.
RENT	78,853.
ADVERTISING	3,088.
UTILITIES	3,712.
MISCELLANEOUS	3,252.
TRAVEL	8,066.
INSURANCE	8,003.
SUPPLIES	434,610.
PART II - LINE 28 - OTHER DEDUCTIONS	<u>707,524.</u>

**SCHEDULE O  
(Form 1120)**

(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service

**Consent Plan and Apportionment Schedule  
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.  
▶ Information about Schedule O (Form 1120) and its instructions is available at [www.irs.gov/form1120](http://www.irs.gov/form1120).

OMB No 1545-0123

Name

Employer identification number

BOWLING GREEN WARREN COUNTY COMMUNITY HOSPITAL CORPORATION

61-0920842

**Part I Apportionment Plan Information**

- 1** Type of controlled group.
- a  Parent-subsidiary group
  - b  Brother-sister group
  - c  Combined group
  - d  Life insurance companies only
- 2** This corporation has been a member of this group
- a  For the entire year
  - b  From \_\_\_\_\_, 20\_\_\_\_\_, until \_\_\_\_\_, 20\_\_\_\_\_
- 3** This corporation consents and represents to.
- a  Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, 20\_\_\_\_\_, and for all succeeding tax years
  - b  Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending \_\_\_\_\_, 20\_\_\_\_\_, and for all succeeding tax years
  - c  Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan
  - d  Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, 20\_\_\_\_\_, and for all succeeding tax years.
- 4** If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was
- a  Elected by the component members of the group.
  - b  Required for the component members of the group
- 5** If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions)
- a  No apportionment plan is in effect and none is being adopted
  - b  An apportionment plan is already in effect. It was adopted for the tax year ending  MARCH 31 , 20  11 , and for all succeeding tax years.
- 6** If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency?  
See instructions
- a  Yes.
    - (i)  The statute of limitations for this year will expire on \_\_\_\_\_, 20\_\_\_\_\_
    - (ii)  On \_\_\_\_\_, 20\_\_\_\_\_, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until \_\_\_\_\_, 20\_\_\_\_\_
  - b  No. The members may not adopt or amend an apportionment plan
- 7** Required information and elections for component members. Check the applicable box(es) (see instructions).
- a  The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income
  - b  The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
  - c  The corporation has a short tax year that does not include December 31

**Part II Taxable Income Apportionment** (See instructions)

**Caution:** Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
<b>1</b>	COMMONWEALTH HEALTH CORPORATION 31-1118087	2012-03	50,000.00	25,000.00	1,537,902.00	0.00	1,612,902.00	
<b>2</b>	BOWLING GREEN WARREN CO. COMMUNITY HOSPITAL CORP. 61-0920842	2012-03	0.00	0.00	0.00	0.00	0.00	
<b>3</b>	COMMONWEALTH HEALTH FOUNDATION 61-1362000	2012-03	0.00	0.00	0.00	0.00	0.00	
<b>4</b>	COMMONWEALTH HEALTH FREE CLINIC 61-1292739	2012-03	0.00	0.00	0.00	0.00	0.00	
<b>5</b>	COMMONWEALTH REGIONAL SPECIALTY HOSPITAL 54-2142034	2012-03	0.00	0.00	0.00	0.00	0.00	
<b>6</b>	THE MEDICAL CENTER AT FRANKLIN 61-1362001	2012-03	0.00	0.00	0.00	0.00	0.00	
<b>7</b>	URGENTCARE OF BOWLING GREEN, INC. 61-1035393	2011-12	0.00	0.00	0.00	0.00	0.00	
<b>8</b>	.....							
<b>9</b>	.....							
<b>10</b>	.....							
<b>Total</b>			50,000.00	25,000.00	1,537,902.00	0.00	1,612,902.00	

**Part III Income Tax Apportionment (See instructions)**

(a) Group member's name	Income Tax Apportionment							(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%		
1 COMMONWEALTH HEALTH CORPORATION	7,500.00	6,250.00	522,887.00	0.00	0.00	0.00	0.00	536,337
2 BOWLING GREEN WARREN CO. COMMUNITY HOSPITAL CORP.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3 COMMONWEALTH HEALTH FOUNDATION	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4 COMMONWEALTH HEALTH FREE CLINIC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5 COMMONWEALTH REGIONAL SPECIALTY HOSPITAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6 THE MEDICAL CENTER AT FRANKLIN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7 URGENTCARE OF BOWLING GREEN, INC.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8								
9								
10								
<b>Total</b>	7,500.00	6,250.00	522,887.00	0.00	0.00	0.00	0.00	536,337



**Part IV Other Apportionments (See instructions)**

(a) Group member's name	Other Apportionments				
	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1 COMMONWEALTH HEALTH CORPORATION	250,000.00	40,000.00	40,000.00	1,000,000.00	0.00
2 BOWLING GREEN WARREN CO COMMUNITY HOSPITAL CORP.	0.00	0.00	0.00	0.00	0.00
3 COMMONWEALTH HEALTH FOUNDATION	0.00	0.00	0.00	0.00	0.00
4 COMMONWEALTH HEALTH FREE CLINIC	0.00	0.00	0.00	0.00	0.00
5 COMMONWEALTH REGIONAL SPECIALTY HOSPITAL	0.00	0.00	0.00	0.00	0.00
6 THE MEDICAL CENTER AT FRANKLIN	0.00	0.00	0.00	0.00	0.00
7 URGENTCARE OF BOWLING GREEN, INC.	0.00	0.00	0.00	0.00	0.00
8					
9					
10					
<b>Total</b>	250,000	40,000	40,000		0.00

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	BOWLING GREEN WARREN COUNTY COMM HOSP	<input checked="" type="checkbox"/> 61-0920842
	Number, street, and room or suite no. If a P O box, see instructions	Social security number (SSN)
	800 PARK STREET	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	BOWLING GREEN, KY 42102	

Enter the Return code for the return that this application is for (file a separate application for each return)  0  7

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of  LARRY VAUGHN

Telephone No  270 745-1500 FAX No

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for

calendar year 20 \_\_\_\_ or

tax year beginning 04/01, 20 11, and ending 03/31, 20 12

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b> \$	18,391.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b> \$	8,391.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b> \$	10,000.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions